Volume 8, Issue 3

BUREAU TALK

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NEW FACE/NEW NAME

We are pleased to introduce to you our newest member of the Bureau of Home Care and Rehabilitative Standards. On August 1, 2008 Debbie Green will join the bureau as an Office Support Assistant. She comes to us with over ten years of state government experience. Debbie is the new voice you will hear when calling the bureau. Just a few of the duties she will be handling include the processing of license renewals, maintaining the e-mail list serve and agency administrative changes. Please join us in welcoming Debbie to the team!

OLD FACE/NEW TITLE

It is with great pleasure that Lisa Coots, Bureau Administrator, would like to announce that Joyce Rackers has been promoted to Assistant Bureau Administrator. She has been helping Lisa in the office for some time now. She will continue as the OASIS Education Coordinator as well. Please join me in congratulating Joyce on her new position.

SHARP CONTAINERS

The bureau recently received a question regarding the procedure for destroying sharps containers for home health patients. The question specifically was regarding carrying the sharps container out of the home. After research of the OSHA guidelines we found that OSHA has no regulation dictating the disposal aspect of medical waste – it's strictly a state or local requirement. Our bureau contacted the local EPA (Environmental Protection Agency). The EPA also confirmed that there were no clear guidelines. It is the EPA's *recommendation* (not a law), to leave the sharps container in the home. The container should be clearly labeled and put it in with the regular trash. There is, however, nothing in writing or law that states the agency cannot take the sharps container back to the agency if the agency has a method of disposing of them.

STAMPED SIGNATURES

CMS (Centers for Medicare/Medicaid Services) recently published an S & C (Survey and Certification) memo 08-22 dated May 30, 2008 regarding signature stamps for home health agencies (HHA) and hospices. This memo stated, "Effective immediately, HHAs and hospices may not accept physicians' rubber stamp signatures for their clinical record documentation." This memo updates S & C 04-35, published July 8, 2004. In an effort to promote consistency between survey and certification policies and Medicare program integrity policies, they will no longer allow HHAs and hospices to accept stamp signatures from physicians on orders, treatments, or other documents that are a part of the patient's clinical record. This action is part of the Centers for Medicare & Medicaid Services' (CMS) continuing overall plan to institute necessary program safeguards aimed at combating fraud and abuse in the Medicare and Medicaid programs.

SUPERVISION OF THE SOCIAL WORKER BY THE MSW FOR HOME HEALTH

A couple inquiries have been made to the bureau regarding what kind of supervision is required by the MSW for home health patients receiving social work services. To ensure that the MSW is supervising the social worker, the surveyor would look for documentation of communication between the two professionals, such as, signed notes, telephone conferences, etc. The surveyors would not expect to see a signature by the MSW on each and every SW note but would expect a signature or proof of communication between the two on the initial plan of care and anytime there are changes required. The surveyor would also expect that the agency have a policy on this issue and are following it accordingly.

NEW HOSPICE CONDITIONS OF PARTICIPATION

It is official! The new Medicare Hospice Condition of Participation (CoPs), Subparts C and D have been published. Would you believe that planning actually began in 1997 to update the hospice regulations? The proposed rule to accomplish this was published on May 27, 2005 in the Federal Register. The final rule was published in the Federal Register on June 5. 2008. This is just 11 years later! How time flies!

The new CoPs are effective December 2, 2008. The hospice providers are expected to be compliant with the current regulations and its requirements until December 2008. If you have had an opportunity to review the new CoPs you have probably noticed that the focus is more patient – centered, emphasizing quality improvement and patient outcomes.

The Missouri Hospice and Palliative Care Association are currently working with the bureau and the State Hospice Advisory Council in developing a crosswalk between the new federal CoPs and the Missouri State regulations. When this crosswalk is finalized it will be made available to all the hospice agencies.

THANK YOU! THANK YOU!

The bureau would like to take this opportunity to thank the Missouri Hospice and Palliative Care Association for their active role in disseminating information regarding the new CoPs to the hospice providers. They have played an instrumental part in the training of these new regulations. They have put in countless hours of work in attending informational meetings and developing training for hospice providers. We especially want to recognize Jim Pierce, Mary Dyck, Barbara Westland and Kim Logan for the wonderful job they did at the June 26, 2008 training.

PLAN OF CORRECTION

The bureau continues to have problems receiving accurately completed plans of corrections. We want to remind providers that, per the State Operations Manual 2728B, an acceptable plan of correction must contain the following elements:

- The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction.

Some additional reminders are:

- A Statement of Deficiency and Plan of Correction Form will be mailed to your agency within 10 **working** days of the survey exit conference date.
- The plan of correction must be developed, written, and returned to our office within 10 **calendar** days of **receiving** the list of deficiencies.
- Be sure and address **each** regulation cited. The plan of correction can be written on the Statement of Deficiency and Plan of Correction Form or you may put "See Attachment" by each regulation cited and submit your plan of correction on a separate attachment.
- The plan of correction, **both Federal and State,** must be signed and dated. **Any attachments must also be signed and dated.**
- Include one completion date for implementing the entire plan of correction for all the standard level of deficiencies and one completion date for implementing the entire plan of correction for any condition level deficiencies.

VERY IMPORTANT:
Please do not put any identifiable information, such as, patient or employee names, financial information, etc., in the plan of correction or attachments. All Statement of Deficiencies, including attachments, will be scanned and put on the "Show Me Home Care" website which the public can view.

News from the MOO Arena

July 2008

By Joyce Rackers, R.N.

Reduced OASIS

An agency recently inquired regarding, in case of a major disaster, would there be available to home health agencies a "reduced" OASIS? If you recall at the time of "Katrina", and again recently due to the Midwest floods, there were some exceptions made for home health agencies located in the area of the disasters. I contacted CMS (Centers for Medicare/Medicaid Services) Central Office in Baltimore to inquire on this subject. Central Office confirmed that with Katrina, and again most recently with the Midwest floods, the Secretary of HHS (Health and Human Services), declared a special waiver situation with special circumstances described. OASIS transmission requirements were waived in certain situations, but agencies still needed to collect the patient tracking sheet and payment questions in order to get a payment HHRG. This was strictly for these disasters only. Per Central Office, if another emergency/disaster should occur the situation would be evaluated and a decision made on an individual basis. There is no "reduced" OASIS available.

Third Quarter OCCB Q & A's

This is just a reminder that the third quarter OCCB (OASIS Certificate and Competency Board) Q & A's have been published. For a list of these Q & A's as well as the previous quarters please go to www.oasiscertificate.org.

Addressed in this quarter's Q & As are new guidance for wounds with scabs, chest tube sites and definition of a "healed" surgical wound. These are just a few of the OASIS items addressed. You will need to go to the above website to pull all the newest Q & As.

It is **imperative**, if your agency wants to remain current with CMS interpretations of the OASIS items, you will need to keep abreast of all the Q & A's as they are published. If you attended the OASIS trainings sponsored by the bureau earlier this year, you have a wonderful binder full of resource materials! Go to this website **today** and print off the most recent Q & A's and keep your binder updated!